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Facsimile Transmittal

DATE: May 4, 2005

TO: Amendment
Commissioner for PatentsATTN: Examiner: Pamela E. Perkins
Art Unit: 2822RECEIVED
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FAX NUMBER: (703) 872-9306
FROM: Howard H. Seo, Attorney for Applicant
Registration No. 43,106

Total Number of Pages Sent: || (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 020378D1

ENCLOSED ARE:

- Amendment (6 pages)
- Petition to Revive (2 pages)
- Transmittal (in duplicate)

APPLICANT: Lane et al
ASSIGNEE: QUALCOMM Incorporated
SERIAL NO.: 10/830,188
FILED: April 21, 2004
FOR: METHOD FOR ACCOMODATING SMALL MINIMUM DIE IN BONDED AREA ARRAY
PACKAGES

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Please contact Theresa at (858) 651-0159 if all pages do not transmit.

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PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 020378D1
In Re Application of: Lane et al.
Serial Number: 10/830,188
Filed: April 21, 2004
Examiner: Pamela E. Perkins
Group Art Unit: 2822

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	13	20	0	x \$50 =	\$0	
Independent**	3	3	0	x \$200 =	\$0	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$0	
EXTENSION FEES				<input type="checkbox"/> One Month	\$120	\$0
				<input type="checkbox"/> Two Months	\$450	\$0
				<input checked="" type="checkbox"/> Three Months	\$1020	\$1,020
PETITION TO REVIVE				\$1,550	\$1,550	
				TOTAL FEE	\$2,570	

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1,020 plus \$1,550 for the attached Petition to Revive for a total of \$2,570.
- The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: May 4, 2005

Signature: Howard H. Seo, Reg. No. 43,106
Phone No. (858) 845-5235QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: May 4, 2005

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Theresa Badet
(type or print name)Signature: 

(TRANSMITTED BY FAX)